

To: Judge Gerber

From: Latrell Barfield
3248 MAIN Street
Sanford, Fla. 32771

Case.

Latrell Barfield cannot file
electronically, electronic filing
is impossible for Latrell Barfield
the indigency determination
must be determined first if it
included and the the claim,
form and motion can be filed
Latrell Barfield has to serve the
others after indigency determination

/s/ Latrell Barfield
LB 7474

LB7474

IN THE CIRCUIT/COUNTY COURT OF THE 18TH JUDICIAL CIRCUIT
IN AND FOR

CASE NO. 09-50026(REG)

LATRELL DENISE BARFIELD, 3248 MAIN STREET, SANFORD, FLA. 32771
Plaintiff/Petitioner or in the Interest Of

vs.
MOTORS LIQUIDATION COMPANY, ET AL., F/K/A GENERAL
Defendant/Respondent MOTORS CORP., ET AL.

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

- 1 I have 0 dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married?....Yes...No Does your Spouse Work?....Yes...No Annual Spouse Income? \$ 00.00
- 2 I have a net income of \$ 606.00 paid () weekly () every two weeks () semi-monthly (✓) monthly () yearly (✓) other ONE INCOME
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus SOCIAL SECURITY deductions required by law and other court-ordered payments such as child support.)
- 3 I have other income paid () weekly () every two weeks () semi-monthly (✓) monthly () yearly () other ONE INCOME
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No".) SOCIAL SECURITY
- | | | | | | | | |
|--------------------------------|-----|------------------|-----------|--|-----|-----------------|-----------|
| Second Job..... | Yes | \$ <u>00.00</u> | <u>No</u> | Veterans' benefits..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Social Security benefits..... | Yes | \$ <u>00.00</u> | <u>No</u> | Workers Compensation..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| For you..... | Yes | \$ <u>606.00</u> | <u>No</u> | Income from absent family members..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| For child(ren)..... | Yes | \$ <u>00.00</u> | <u>No</u> | Stocks/bonds..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Unemployment Compensation..... | Yes | \$ <u>00.00</u> | <u>No</u> | Rental income..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Union payments..... | Yes | \$ <u>00.00</u> | <u>No</u> | Dividends or interest..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Retirement/Pensions..... | Yes | \$ <u>00.00</u> | <u>No</u> | Other kinds of income not on the list..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Trusts..... | Yes | \$ <u>00.00</u> | <u>No</u> | Gifts..... | Yes | \$ <u>00.00</u> | <u>No</u> |

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- 4 I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No")
- | | | | | | | | |
|------------------------------|-----|-----------------|-----------|---|-----|-----------------|-----------|
| Cash..... | Yes | \$ <u>00.00</u> | <u>No</u> | Savings account..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Bank account(s)..... | Yes | \$ <u>00.00</u> | <u>No</u> | Stocks/Bonds..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Certificates of Deposit or | | | | Homestead Real Property*..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Money Market Account(s)..... | Yes | \$ <u>00.00</u> | <u>No</u> | Motor Vehicle*..... | Yes | \$ <u>00.00</u> | <u>No</u> |
| Boats*..... | Yes | \$ <u>00.00</u> | <u>No</u> | Non-homestead real property/real estate*..... | Yes | \$ <u>00.00</u> | <u>No</u> |

*Show loans on these assets in paragraph 5

Check one: I () DO (✓) DO NOT expect to receive more assets in the near future. The asset is: 00.00

- 5 I have total liabilities and debts of \$ 7,400.00 as follows: Motor Vehicle \$ 00.00, Home \$ 2,000.00, Other Real Property \$ 00.00, Child Support paid direct \$ 00.00, Credit Cards \$ 5,200.00, Medical Bills \$ 00.00, Cost of medicines (monthly) \$ 00.00, Other \$ 00.00

- 6 I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under S.57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in S.775.082, F.S. or S.775.083, F.S.

I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 15 day of JULY, 20 10

Date of Birth 09-24-1972
Driver License or ID Number 3248 MAIN STREET, SANFORD, FLA 32771
Address, P.O. Address, Street, City, State, Zip Code

Signature of Applicant for Indigent Status LATRELL DENISE BARFIELD
Print Full Legal Name: LATRELL DENISE BARFIELD
Phone Number: 407-916-0687

CLERK'S DETERMINATION

Based on the information in this application, I have determined the applicant to be () Indigent () Not Indigent, according to S.57.082, F.S.

Dated this _____ day of _____, 20 _____

Maryanne Morse, Clerk of the Circuit Court
This form was completed with the assistance of

Clerk/Deputy Clerk/Other authorized person.

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.
THERE IS NO FEE FOR THIS REVIEW

Sign here if you want the judge to review the clerk's determination

Latrell Barfield

LB 7414

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APS0709384572

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM	
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="checkbox"/> MLCS of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)		Case No. 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.		Your Claim is Scheduled As Follows: <div style="font-size: 2em; text-align: center;">19,000.00 nineteen thousand dollars</div>	
Name of Creditor (the person or other entity to whom the debtor owes money or property): BARFIELD, LATRELL		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: BARFIELD, LATRELL PO BOX 1824 SANFORD, FL 32772-1824		Court Claim Number: _____ (If known)	
Telephone number: 321-262-3255		Filed on: _____	
Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): _____ _____ _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: _____		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input checked="" type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (11 U.S.C. § 507(a)(2)). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$_____.	
1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ 19,000.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
2. Basis for Claim: services performed/goods sold (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: 1589 3a. Debtor may have scheduled account as: 71-723371589 (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe: _____ Value of Property: \$ 19,000.00 Annual Interest Rate 0% Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ 000.00 Basis for perfection: CASH 71-723371589 Amount of Secured Claim: \$ 19,000.00 Amount Unsecured: \$ 000.00			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
If the documents are not available, please explain in an attachment.			
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Latrell D. Barfield Latrell Denise Barfield		Date: October 2009	
Penalties for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

127474

IN THE CIRCUIT COURT OF THE 18th JUDICIAL CIRCUIT,
IN AND FOR NEW YORK, New York

Case No.: 09-50026(REG)
Division: bankruptcy

LATRELL, DENISE ; BARFIELD, 3248 MAIN street,
Petitioner Sanford, Fla. 32711

and

MOTORS LIQUIDATION COMPANY ET, AL
Respondent FIKIA GENERAL MOTORS CORP,
ET, AL,

ORDER PROPOSED

This cause having come to be heard on AUGUST 06, 2010,
upon (V) Petitioner's / () Respondent's Motion PROPOSED

It is HEREBY ORDERED:

1. That the Court has jurisdiction over the parties and subject matter of this action.

2. That LATRELL BARFIELD Be PAID
19,000.00 IN US FUNDS BY GENERAL
MOTORS CORP, NOW MOTORS LIQUIDATION COMP
ANY

3. That PAYMENT TO LATRELL BARFIELD
BY DIRECT DEPOSIT TO ACCOUNT
NUMBER 585854-18 ROUTING NUMBER 263

181368. fair winds credit union
ORDERED at UNITED STATES, on AUGUST 06, 2010 or

BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT
OF NEW YORK, ONE
BOWLING GREEN,
NEW YORK, NEW YORK
10004

Circuit Judge

LB7474